

| POSITION | INITIALS | ID NO. | DATE |
|---------------------------|----------|--------|---------|
| FEE DETERMINATION | 16-6 | | 5/11/00 |
| O.I.P.E. CLASSIFIER | | | |
| FORMALITY REVIEW | | 71634 | 9/26/00 |
| RESPONSE FORMALITY REVIEW | | | |

09/632,017

INDEX OF CLAIMS

= Rejected
 = Allowed
 - (Through numeral) Canceled
 + Restricted
 N Non-elected
 I Interference
 A Appeal
 O Objected

| Claim | Date |
|-------|----------|
| Final | Original |
| 1 | 5/10/00 |
| 2 | 5/10/00 |
| 3 | 5/10/00 |
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| Claim | Date |
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| Final | Original |
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| Claim | Date |
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If more than 150 claims or 10 actions
staple additional sheet here

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